

## MISSOULA COUNTY DETENTION FACILITY

## INMATE GRIEVANCE FORM

NO: 2023-1641

Attachment yes no

NAME: Spencer Gardner

BK# 175146

UNIT# ~~1FJ2~~

DATE: 12/1/2023

DESCRIPTION OF COMPLAINT: Must include date and time incident occurred, attempts made at informal resolution, name(s) of witness (if any), Any physical evidence (documents, ect.) and names of staff involved.

I have been having medical issues since entering the jail as a county inmate. my medical issues have been ignored and allowed to progress to the point I have been hospitalized once and have been forced to endure severe pain throughout my incarceration. Physicians assistant Kelly has seen me once to tell me to stop voicing my medical needs and issues to jail staff. So far Kelly's actions amount to conscious disregard to my rights, deliberate indifference to my medical needs, and it seems a treatment strategy to wait out my transfer to treatment where my medical needs are no longer her problem. I can not receive serious medical treatment while at the treatment facility. Kelly is refusing to do her job and denying medical treatment it seems to save costs.

## ACTION REQUESTED:

To follow all of the urologists recommendations including to see a general surgeon, to see an outside medical doctor to address my medical needs prior to going to treatment

INMATE SIGNATURE: Spencer GardnerRECEIVED BY: Sgt. JohnsonDATE: 12-5-23

## STEP 2 RESPONSE:

Grievance denied. You are scheduled to see the provider for further followup. - Kelly, ~~KA~~

INMATE SIGNATURE: Spencer GardnerDATE: 12-8-23

I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THIS RESPONSE. I DO ☒ I DO NOT ☐ INTEND TO APPEAL TO THE NEXT LEVEL

APPEALS, MUST BE FILED WITHIN (3) WORKING DAYS OF RECEIPT OF RESPONSE. APPEALS ARE TO BE PLACED IN THE COLLECTION BOX PROVIDED IN THE UNIT OR HAND DELIVERED TO THE GRIEVANCE COORDINATOR.

GRIEVANCE COORDINATOR-WHITE

INMATE- CANARY

INMATE RECEIPT - PINK

No.: \_\_\_\_\_

MISSOULA COUNTY DETENTION FACILITY  
GRIEVANCE APPEAL TO FACILITY ADMINISTRATOR

INMATE NAME: Spencer Gardner BK# 175146 UNIT 1FV2 DATE 12/08/2023

State the reason you are appealing, and attach a copy of the original grievance.

Grievance Denied, answered by the person being grieved for their actions and fails to address any of the issues set forth in the grievance.

FACILITY ADMINISTRATOR DECISION

Appeal has been granted \_\_\_\_\_ Denied X Date 12/13/13

Comments or recommendations:

APPEAL DENIED. SEE ATTACHED RESPONSE.

CDO RICHTER

Facility Administrator's Signature

Grievance Coordinator (white)

Inmate (canary)

Inmate receipt (pink)

To: Inmate Gardner  
From: CDO Richter  
Date: 12/13/23  
Re: Grievance Appeal Dated 12/8/23

Your grievance appeal dated 12/8/23 is denied for the following reasons:

- Grievance appeal is not properly filled out. Inmate failed to document the original grievance number on the grievance appeal form.
- *Inmate is grieving multiple issues.* You can only grieve one issue per grievance.
- Since 11/3/23 you have been seen by medical staff seven times, the last occurring on 12/5/23.
- The person who responded to the original grievance is not the same person being grieved.
- I'm not a medical professional and do not have the training or experience to override medical decisions.
- You are on the list to see the medical provider.

CDO Richter

No.: 2023-1641

MISSOULA COUNTY DETENTION FACILITY  
GRIEVANCE APPEAL TO FACILITY ADMINISTRATOR

INMATE NAME: Spencer Gardner BK# 175146 UNIT 1FV2 DATE 12/14/2023

State the reason you are appealing, and attach a copy of the original grievance.

The person who answered the original grievance is the same person being grieved. The only issue being grieved is my medical issue <sup>8th</sup> ~~8th~~ continues to persist and has resulted in my hospitalization on 11/4/23 and seeing a specialist on 11/11/23, the recommendations from that specialist have not been followed. If the person is not trained in the field related to the grievance they should not be answering that grievance. I've been scheduled for over a month to see Kelli and she has time to see many inmates in that time.

\* I understand the rules of grievance procedure but the facility has copies of the original grievance, appeal and response my copies were required for an immediate court motion for emergency inductive relief.

Appeal has been granted \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

Comments or recommendations:

\_\_\_\_\_  
Facility Administrator's Signature

\_\_\_\_\_  
Grievance Coordinator (white)

\_\_\_\_\_  
Inmate (canary)

\_\_\_\_\_  
Inmate receipt (pink)